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# **CHASS Niassa**

## **Agreement No. 656-A-00-10-00-113**

**FY2013 3rd Year of the Project**

**4<sup>th</sup> Quarter Report: July to September 2013**



**October, 2013**

This publication was produced for review by the United States Agency for International Development. It was prepared by Paultre Pierre Desrosiers and Staff through the Clinical HIV/AIDS Services Strengthening Project (CHASS Niassa) FHI360.

## ACRONYM LIST

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARV	Antiretroviral
ART	Antiretroviral Therapy
AZT	Azidothymidine
CD4	Cluster of Differentiation 4
CHASS	Clinical HIV/AIDS Services Strengthening Project
CHASS N	Clinical HIV/AIDS Services Strengthening Project, Niassa
CASG	Community Adherence Support Groups (GAAC)
CBC	Complete Blood Count
CISLAMO	Conselho Islâmico de Moçambique
CT	Counseling and Testing
CCM	Community Case Management
CMAM	Central de Medicamentos e Artigos Médicos
CSB+	Corn Soy Blend Plus
CTZ	Cotrimoxazole
DPS	Direcção Provincial da Saúde (Provincial Health Directorate)
EFV	Efavirenz
EPTS	Electronic Patient Tracking System
FANTAI	Food and Nutrition Technical Assistance (FANTAI) project
FILAs	Folha Individual de levantamento de ARVs
FH	Food for the Hungry
FHI360	Family Health International
FOGELA	Fortalecimento da Gestão Laboratorial para Acreditação
FP	Family planning
GAAC	Grupo de Apoio para Adesão das Comunidades
GBV	Gender based violence
HC	Health Center
HCT	HIV Counseling and Testing
HF	Health Facilities
HIV	Human Immunodeficiency Virus
ICP	Infection Control Program
IEC	Information, Education, Communication
INZ	Isoniazid
L&D	Labor & Delivery
LT CD4	Lymphocytes T Cluster of Differentiation 4
LTFU	Lost-to-Follow-Up
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MISAU	Ministry of Health (Mozambique)
M2M	Mother-to-Mother
NED	Núcleo de Estatística Distrital
NRP	Nutrition Rehabilitation Program

NVP	Niverapine
PCC	USAID Community Care Program
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PH	Provincial Hospital
PHC	Primary health care
PICT	Provider Initiated Counseling and Testing
PIMA	Point of Care technology for CD4
PMTCT	Prevention of Mother-To-Child Transmission (of HIV)
PRN	Programa de Reabilitação Nutricional
QA/QI	Quality Assurance / Quality Improvement
RH	Reproductive Health
SAAJ	Youth and Adolescent Friendly ServiceSDSMAS
SIMAM	Sistema Infomatizado de Gestao de medicamentos
SO	Strategic objective
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TDA	Outpatient Treatment of Malnutrition
TDF	Tenofovir
TDI	Treatment of Malnutrition in Internment
TSV	Technical Support Visit
UATS	Unidades de Aconselhamentos e Testagem para a Saúde
UGEA	Unidade Gestora Executiva de Aquisições
UN	United Nations
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

Life of Activity (start and end dates): **August 2010 – July 2015**

Total Estimated Contract/Agreement Amount: **\$35,983,323**

Total Amount Obligated (to date): **\$20,506,844.**

Current Pipeline Amount: **\$5,932,515**

Accrued Expenditures this Quarter: **\$2,195.664**

Activity Cumulative Accrued Expenditures to Date: **\$19,879,277**

Projected expenditure Oct 2013 to Sept 2014: **\$6,560,083**

Geographic Focus: **Niassa Province, Mozambique**

## Summary of the reporting period

FHI360 is pleased to present to USAID the twelfth project progress report, describing activities implemented during the period of July 1, 2013 through September 30, 2013. The project substantially improved delivery of HIV/AIDS services and ultimately strengthened the provincial health system by:

- Supporting HIV prevention, care, and treatment services at more than 41 ART sites and 65 PMTCT sites throughout 16 districts of Niassa province.
- Supporting the DPS in the implementation of an innovative approach (called "Option B+"), in which all HIV-infected pregnant and breastfeeding women are eligible for lifelong antiretroviral therapy (ART) regardless of CD4 count.
- Building the clinical, managerial, financial, and administrative capacity of the DPS, local health providers and partners to more effectively provide HIV services.
- Strengthening program and data quality though there are still lots of work to be done.
- Strengthening the DPS laboratory and infrastructure capacity to provide universal access to CD4 cell count testing needed to successfully implement the MISAU HIV accelerated plan.
- Improving the technological and physical infrastructure of health facilities.
- Providing sub-awards to local partners and the DPS at the district levels in coordination with capacity building.

After three years of program implementation across Niassa province, significant successes and crucial lessons have come out of CHASS Niassa project including:

- Health system strengthening should be approached comprehensively, focusing on supporting decentralization and building managerial, technical, operational, and administrative capacity at multiple levels within the health systems.
- Adult enrollment in care and treatment has been rapid but sustainability is still considered a major challenge.
- Early diagnosis and enrollment of children has been much more challenging
- Patient retention is one of the biggest challenges for mature care and treatment programs.
- Program quality requires continuous self-assessment, adjustment, and improvement.

- High turnover of health workers is one of the key constraints to the expansion of HIV services.

During this period, the project has made solid progress towards the fulfillment of the CHASS Niassa project workplan, having completed most key activities planned for this quarter. These activities include:

#### Health System

- Supported the expansion of ART implementation of HIV/AIDS services to 41 health facilities (HFs) in Niassa province.
- Supported the integration of PMTCT interventions into the maternal, newborn, and child health (MNCH) platform at each entry point.
- Supported critical interventions to promote adherence to ART and retention in care this includes adherence to clinic appointments, retrieving medication and clinical follow-up visits.
- Supported the implementation of Option B+ in 39 HFs, 6 of which are implementing the Option B+ with Tenofovir (TDF).
- Supported the pre-service training of 71 MCH nurses and pharmacy technicians and in-service training of 526 health workers in the province to provide high quality services.
- Conducted data cleaning exercise of all HIV/AIDS-related services including PMTCT, Tuberculosis (TB), Pre-ART & ART services, and HTC covering the period from April to September 2013. (Except for Pre-ART and ART data, which only covered the period from June to September 2013),

#### Community Supports

- Support three CSOs and 120 CCMs to deliver HIV&AIDS services in the community including HIV counseling and testing, Community Mobilization, education on HIV risk reduction and psychosocial support to PLHIV, referral and counter referral to and from HF.
- Support the introduction of Community HTC in 4 districts, namely, Lichinga, Lago, Mandimba, and Mecanhelas.
- CSOs to promote HIV prevention among the general, most at risk and vulnerable populations in the community through: IEC materials, peer education, small group discussions and community outreaches to share HIV risk reduction messages.

## **Key highlights for the fourth quarter of Year 3**

### **HTC**

This quarter, 10,192 individuals were registered in the CT unit (UATS/SAAJ), Out of these registered 6,211(61%) were counseled and tested, of which 419 (7%) tested positive. Compared to the previous quarter there was an increase in coverage of HIV testing from 51% to 61%. Despite the increase in coverage, there is a gap of 39% of people not tested, which was associated with stock out of HIV test kits.

### **PMTCT**

This quarter, 17,092 pregnant women were registered in ANC settings, out of this number 15,949 (93%) knew their status of which 680 (4%) were HIV positive. 472 (69%) of the HIV positive women were provided with ART prophylaxis at an ANC service. While on the one hand the proportion of women with known HIV status did not change, on the other, the proportion tested positive provided with ART prophylaxis decreased from 97% to 69% which was due to stock out ZDV, EFV, and Duovir.

Regarding the implementation of the Option B+, during this quarter, a total of 363 new HIV+ pregnant women was enrolled under this strategy, which represents an increase of 245% (from 105 to 363) the previous quarter. This was the result of expansion from 5 to 39 HFs providing this strategy, as well as training and follow-up of the MCH nurses.

### **ART**

A total of 1,449 new patients initiated ART this quarter and this is a 68% increase from the last quarter, and represents 96% of the annual target. In the same reporting period 10,790 patients are currently on ART, this is a 23% increase compared with the last quarter and contributed to reaching 111% achievement of the annual target. Of these, 96 new children initiated ART; this is 7% of the total new inclusions in ART.

### **TB/HIV**

This quarter 353 new TB patients were registered, 349 (99%) of these patients knew their HIV status. Of the 349, a total 112 (32%) are HIV positive, and all the positives received a CTZ prophylaxis and 89 (79%) initiated ART.

### **LTFU**

A total of 293 defaulted (faltosos) patients in Pre-ART and 566 in ART were delivered to CCMs and lay-counselors for identification, 202 (69%) of Pre-ART patients and 482 (96%) of ART patients were located. Of the patients located, a total of 194 (96%) patients in Pre-ART and 461 (94%) in ART were found and 180 (93%) and 435 (94%) in Pre-ART and ART patients,

respectively, returned to treatment. In the same period, 132 cases of abandon in Pre-ART and 277 in ART were delivered, of which 88 (67%) patients in Pre-ART and 174 (63%) in ART were located, having 83 (94%) patients in Pre-ART and 157 (90%) ART been found. Of the patients found, 76 (92%) patients in Pre-ART and 156 (99%) in ART returned to treatment.

## **GBV**

At the HF level, a total of 633 (230 males and 403 females) individuals were screened for GBV, out of these 8 were sexual violence cases. All cases were tested for HIV and 6 were HIV negative; all of those received PEP and emergency contraceptives.

## **Project Objectives**

The USAID/Mozambique Clinical HIV/AIDS Services Strengthening Project (CHASS) is a five-year project (August 2010 - July 2015) supporting the expansion of HIV/AIDS prevention, care and support activities and capacity building in Niassa, Mozambique. The project supports USAID's Strategic Objective 9 (SO 9) "to improve health in vulnerable populations in Mozambique," and more specifically contributes to Intermediate Result (IR) 7.3, "Improved use of proven interventions to prevent major infectious diseases." CHASS/Niassa is implemented by Family Health International (FHI 360) in partnership with Abt Associates and Food for the Hungry (FH).

CHASS's goal is to contribute in Niassa efforts to strengthen the provincial health system and enhance the capacity of the Provincial Health Directorate (DPS) to manage its own health systems and finances, increase human resources for health, improve quality and use of strategic information, strengthen local organizations and align with national priorities and plans. The project's specific objectives are to:

1. Increase access, quality and use of HIV care and treatment services to rural communities by intervention in seven areas: counseling and testing (CT), laboratory services, prevention of maternal to child transmission (PMTCT), adult care and treatment, pediatric care and treatment, palliative care, and prevention, diagnosis and treatment of HIV-tuberculosis (TB) co-infection;
2. Provide a continuum of accessible HIV and related primary health care services including maternal and child health (MCH) and reproductive health (RH) services (including support at clinics that do not provide antiretroviral therapy [ART] or PMTCT) and to improve linkages and referrals within and between facilities and communities;
3. Support stronger and more sustainable Mozambican systems and institutions through emphasis on strengthening government and community capacity to deliver and manage services at the district level with an explicit plan to, by the end of the project, handover project activities to Mozambican authorities and to assist the DPS in the development of robust systems of monitoring and evaluation for HIV-related programs that can be adapted for use across the health field.

The cornerstones of the CHASS Niassa technical approach are systemic integration of HIV and AIDS clinical services within the primary health care system; a broad continuum of HIV related services spanning the health sector and the community; health systems strengthening through quality improvement and sustainability planning; well-coordinated technical assistance and mentoring across service delivery platforms; and partnership with DPS/Ministry of Health (MISAU), USAID and local and international non-governmental organizations to support services within the existing government health care structure.

The expected outcomes include reduced HIV transmission; increased number of people receiving antiretroviral (ARV) treatment; increased number of people who know their HIV status; and increased number of HIV positive people who are case-managed and referred to primary HIV care for ART and other services necessary for optimizing health outcomes; and increased number of people from the community who are referred to primary health care services.

## **Project Performance Indicators**

**Objective 1: Improve the accessibility of high-quality HIV services by strengthening clinical service delivery in six key areas and their utilization through increased retention and demand by clients.**

CHASS N supports the implementation of HIV/AIDS services in 65 health facilities (HFs) in Niassa province. These services are integrated in primary health care (PHC). Support in the implementation of Pre-Anti-Retroviral Treatment (Pre-ART) and ART is provided in 42 health facilities (HFs). Additional Support is provided to improve retention and promote adherence to health services through community interventions (community mobilization, community Health Counseling and Testing, home-visits, and active case finding through busca activa).

### ***HIV Counseling and Testing Support Activities***

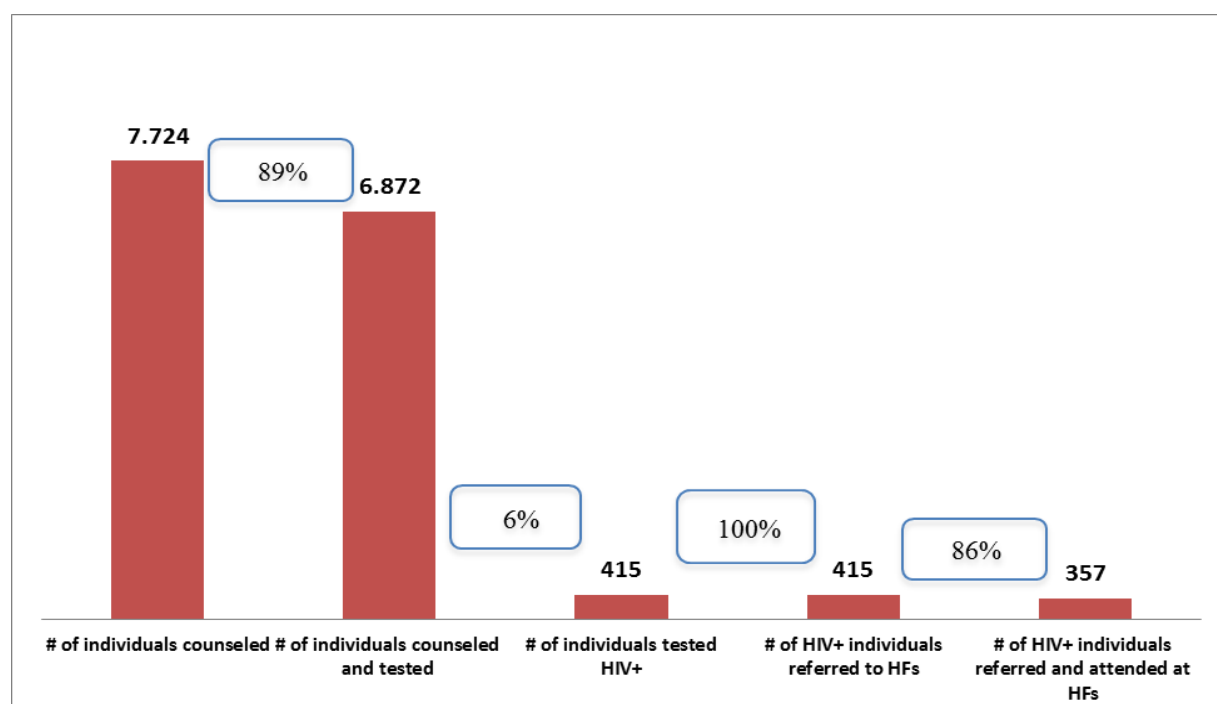
Insofar as HIV Counseling and Testing (HCT) is concerned, CHASS N supports the implementation in the clinical and community settings HCT. In clinical settings, HCT is supported in 65 HFs with the Provider-Initiated Counseling and Testing (PICT) approach, and in seven HFs with the UATS (Health Counseling and Testing Units) approach – the seven HFs are in: Lichinga Health Center-HC, Lichinga Provincial Hospital-PH, Chiuaula HC, Namacula HC, Marrupa HC, Cuamba HC, and Mecanheles HC. In community settings, CHASS supports HTC, namely in Lichinga, Lago, Mandimba, and Mecanheles. CHASS support in community settings is channeled through two implementing partners: Associação Renascer a Vida and Conselho Islâmico de Moçambique.

During the quarter, a total of 10,192 individuals (4351 males and 5841 females) were registered in the Counseling and Testing (CT) unit (Health Counseling and Testing Unit-UATS/Youth and Adolescents Friendly Services-SAAJ). Out of the patients registered, 6,211 (61%, 2801 males and 3410 females) were counseled and tested, of which 419 (7%, 200 males and 219 females) tested positive. In comparison to the results in the previous quarter, there was an increase in the coverage of HIV testing, from 51% (6,196/12,107) to 61% (6,211/10,192). On the other hand, the absolute number of people tested did not really change (from 6,196 last quarter to 6,211 in the reporting period).

Where PICT is implemented, during this quarter, a total of 16,888 individuals (received clinical CT of which 936 (6%) tested positive. In comparison with last quarter, there was a 61% increase in number of people tested (from 10,506 vs 16,888) (See Annex 1). Compared to the annual target, the project achieved 51%, which, in addition to the issues related to availability of test kits is likely the result of miss calculation of the target, which was based on the previous year's achievement which was wrongly reported (it mixed all the modalities of counseling and testing). CHASS continued to provide technical assistance (which included on the job trainings) as well as providing registers and orientations on registration of patients. As the challenge of test kits stock-outs persists, CHASS Niassa will work with the Provincial Warehouse of Medicines to improve the logistics of HIV test kit distribution through improvements in quantification of usage and needs as well as timely transportation from "Central de Medicamentos e Artigos Médicos" (CMAM) to the province and from the provincial warehouse to the districts and HFs. However, this will not solve the problems of stock-outs at the central level (CMAM).

In the Community HCT program, a total of 7,724 patients received counseling. Of those counseled, 6,872 (89%) were tested, 415 (6%) of whom tested positive and 415 (100%) of whom were successfully referred to a health facility (see figure 1). Of those referred 357 (86%) managed to reach the health facility and were attended. Despite a slight increase in the percentage of people who were counseled; there was a more significant (50%) increase in the number of people tested (from 4,572 to 6,872). This increase is associated with an increase in the supply of test kits to community HCT by the Direcção Provincial de Saúde (DPS) despite the continuing stock out of test kits in the province. On the other hand, the percentage of people referred who attended HFs decreased from 93% to 86%, which may be due to the fact that some of the patients do not take the referral forms when looking for the clinical care; the other reason might be lack of registration of the referred patients by the service providers at the HFs. The efforts from CHASS N to increase the results in Community HCT included coordination and data review meetings between DPS and implementing partners, as well as joint Technical Support Visits (TSV), where on-the-job trainings and mentoring to HTC counselors was provided.

**Figure 1 - Community HCT Cascade in Niassa Province from July to September 2013**



In FY14 CHASS N will increase the coverage of community HCT, by expanding to one more district (Cuamba) and capitalizing on the opportunity created by DPS of making community HCT a priority. CHASS N will also continue to strengthen psychosocial support, home visits, and active case finding (busca activa), and coordination meetings to improve referrals system.

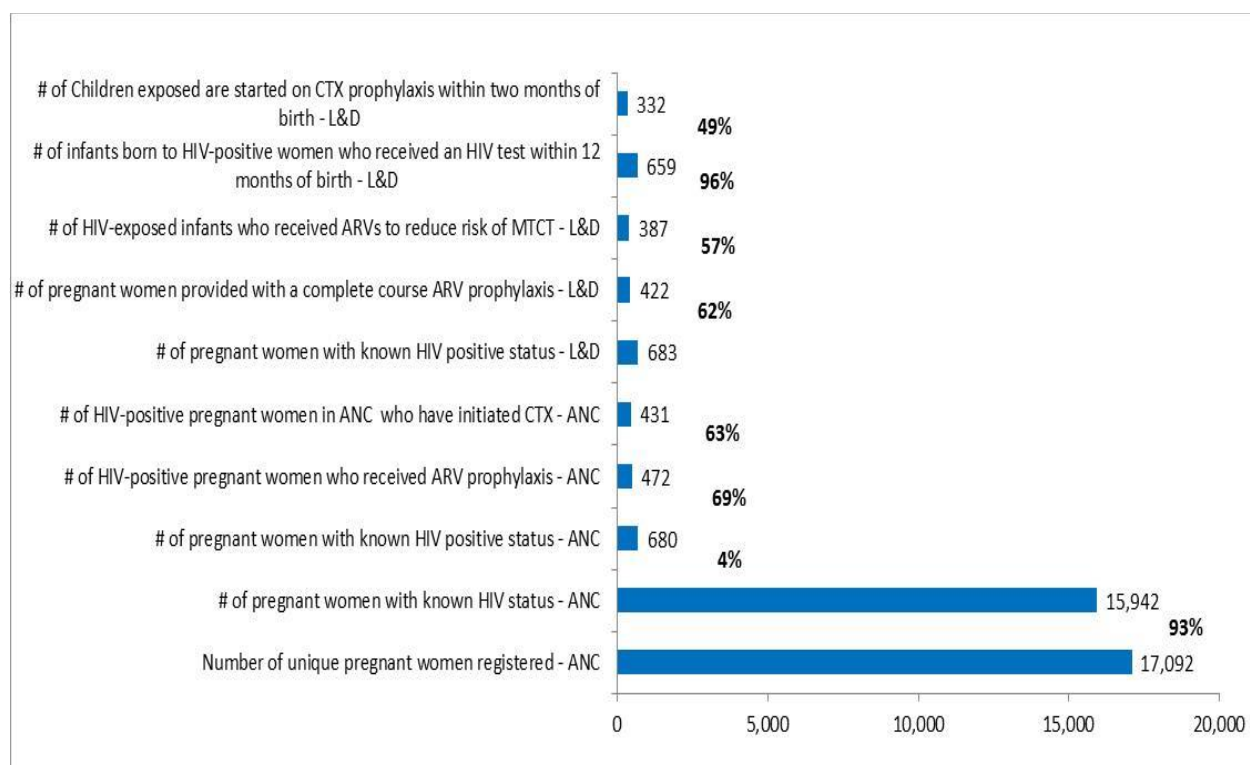
### ***Prevention of Mother to Child Transmission (PMTCT) Support Activities***

CHASS N supports PMTCT in a total of 65 HFs corresponding to 43% of the total number of HFs in Niassa. Two options for PMTCT are being implemented in the province; Option A and Option B+. The implementation of Option B+ started in June 2013, covering 39 HFs, 6 of which are implementing Option B+ with Tenofovir (TDF): Lichinga PH, Lichinga HC, Chiuaula HC, Namacula HC, Cuamba RH, and Cuamba HC.

In this quarter, a total of 17,092 pregnant women were registered in Antenatal Care (ANC) settings. Out of this number, 15,942 (93%) knew their HIV status (either knew at entry or were tested in the ANC setting). Among these, 680 (4%) were HIV positive (see figure 2). A total of 472 (69%) of the HIV positive women were provided with ARV at an ANC service (see figure 2). There was a reduction in the number of HIV+ pregnant women provided with ART prophylaxis from 72% to 69%, which was due to stock outs of Azidothymidine (AZT), Efavirenz (EFV) and Duovir. CHASS N supported the DPS to request and transport ARV drugs and test kits from the central level to the province and assisted with logistics for distribution from the province to the HFs.

Regarding the implementation of Option B+, during this quarter, 363 new HIV+ pregnant women were initiated on B+, which represents a 245% increase (from 105 to 363) compared to the previous quarter. This was a result of expansion from 5 to 39 HFs providing this strategy, and increased technical assistance with a focus on supporting its implementation, as well as a visit from the central level which supported the organization of clinical charts, register books, “Folha Individual de Levantamento de Antiretrovirais” (FILAs) and strengthening the linkage between the pharmacy and the PMTCT service. The main challenge faced continued to be the availability of ARVs to operationalize the strategy. Another important challenge is to maintain HIV+ women in care outside the ANC setting after delivery, as some of the women from the first group enrolled in ART under the Option B+ will be discharged in the next quarter, and CHASS N anticipates loss to follow up on some of these women. For the next quarter, the project will focus on improving the coordination between the PMTCT and ART services to reduce the drop-outs after delivery, implementing the “One-Stop” model in the PMTCT service, and continuing on-the-job trainings to improve adherence counseling, home-visits and active case finding (busca activa) in coordination with the community program (Community Case Manager [CCM] and activists of Programa de Cuidados Comunitários [PCC]).

**Figure 2 - PMTCT Cascade in Niassa - July to September, 2013**



In the same period, 3,835 partners of pregnant women received counseling and were tested for HIV, which represents an increase of 57% as compared to the previous quarter (from 2,437 to 3,835), contributing to the cumulative achievement of 95% of the annual target. The number of

men tested (out of the number of women registered) increased from 17% in the last quarter to 22% in this quarter. This increase resulted from on-job-trainings on registration done during TAVs, leading to more HFs registering partners tested and notified, as well as the priority access to consultation given to women accompanied by partners in the consultations. In addition, CHASS N reinforced community mobilization for partner involvement through the CCMs, PCC activists, Mother-to-Mother (M2M) groups and community leaders. The main challenge faced during the quarter was the missed opportunities to test more men due to the lack of HIV test kits; efforts to overcome this challenge will continue to be in providing continuous support to DPS and HFs in managing stock of HIV test kits. In addition, CHASS N will continue to provide on-the-job trainings to providers in couples testing, as well as reinforce the distribution of invitations for partners.

In the Labor & Delivery (L&D) settings, 683 HIV+ women delivered at maternity, and among these, 422 (62%) received ARV as a prophylaxis treatment. During the same period, 387 (57%) of exposed children were also provided with ARVs to prevent the transmission of HIV (see figure 2). Compared to the previous quarter, there was an increase in prophylaxis for the mothers (from 30% to 62%), while the number of children provided with prophylaxis remained at 58%. This is attributed to the technical assistance provided which included the provision of prophylaxis despite stock-out of ARVs (AZT tablets, Duovir, and AZT suspension) in the province, and as well as better documentation of activities in registers. To solve the issue of stock out, the project technical staff coordinated with the DPS to find an alternative prophylaxis, which resulted in the introduction of Nevirapine (NVP) suspension for exposed children. For the HIV+ pregnant women who delivered in maternity, the project supported the request and distribution of ARVs to the province and districts. In addition, a decision was made to allow for transfer of AZT tablets from HFs implementing Option B+ to those implementing Option A.

The main challenge continues to be the unavailability of AZT suspension. One of the measures that will be adopted to ensure a higher coverage of prophylaxis for exposed children and their mothers will be the initiation of a daily review of provision of prophylaxis in every HF, which is expected to help overcome issues related to negligence in dispensing ARVs to eligible patients, although this will not solve issues related to stock outs. The other activity will be the reinforcement of advocacy at the central level to increase availability of AZT suspension for exposed children, as prescribed by the national PMTCT guidelines.

Overall, despite the decrease in the coverage of ART prophylaxis in ANC and L&D services during this quarter, CHASS Niassa has reached all annual targets. Even so, it is CHASS Niassa's commitment to continue to improve the performance and quality of services.

### ***Early Infant Diagnosis technical support***

Related to children at risk, in this quarter 683 babies were born to HIV positive mothers. Out of these, 401 (59%) had Polymerase Chain Reactions (PCRs) collected and sent to the reference

laboratory in Nampula. There were 282 (41%) lost to follow-up (LTFU) which the CCM is still looking for to integrate into care. During the same period, the province received 186 PCR results (46%), which was an increase from 20 (out of the 343 PCRs collected and sent to the Nampula Lab) in the last quarter. The increase in PCR results received is associated with the coordination meeting held in Nampula, and the indication of a PCR focal point in the Lab of the Lichinga PH whose role is to coordinate the PCR activities with the Nampula Lab, and the HFs in the province.

In comparison with the last quarter, there was also a 17% increase in the number of PCR collected which is a result of the on-the-job trainings in PCR sample collection provided to the MCH nurses at the HFs, combined with the improvement in registration. In addition, the supply of PCR kits improved over the quarter, which led to increased availability of kits when needed.

In the same period, 659 children were tested for HIV within 12 months (see figure 2), which is an increase of 137% (from 278 to 659) as compared to the previous quarter, and contributed to reaching 208% of the cumulative annual target. During the period 444 children received their test results (186 were PCRs and 258 were rapid tests), corresponding to 67% of the tests done, and this low proportion of results received is mainly on the PCRs, as 100% of rapid tests done had results. This good performance could be attributed to the on-the-job trainings of the MCH nurses, and an improved supply of kits. A total of 42 children tested positive: 28 PCRs and 14 rapid tests. Of the 42 children tested positive, 25 (54%) were enrolled in ART. The other 21 are being searched for enrollment.

The challenges for early diagnosis and treatment continue to be long waiting periods for PCR results and linking children with positive results to ARV treatment. Future activities will continue communications with the reference laboratory in Nampula, reinforcing with MCH nurses the need to continue to consistently collect PCRs and to strengthen the referral and counter referral system within HFs.

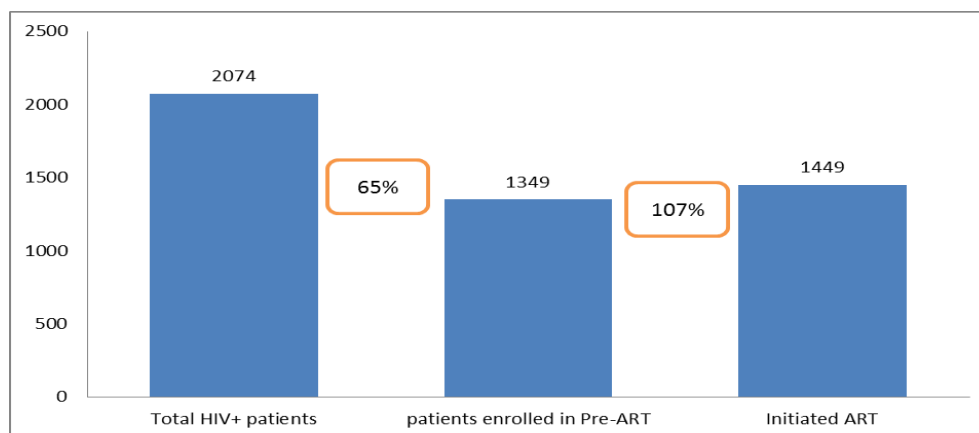
### ***Pre-ART Care and Treatment Technical Support***

During the quarter a total of 2,074 patients tested HIV positive in all testing points, including PICT, Community HCT, Youth and Adolescents Friendly Services (SAAJ) and voluntary HCT (UATS). Out of these 2,074 patients, 1,349 (65%) patients were enrolled in Pre-ART services, of which 1,449 (107% of the patients newly enrolled in Pre-ART) were newly enrolled in ART (figure 3). Part of the new patients enrolled in ART were in Pre-ART in previous periods and were found as fulfilling the criteria for enrolment in ART during the quarter. Compared to the previous quarter there was no change in the percentage of HIV+ patients enrolled in Pre-ART, as the project continued to strengthen the referral and counter-referral system within the HFs, and continued to sensitize the health staff to open the clinical charts for patients tested positive in the same day. In the same period, the proportion of patients in Pre-ART who initiated ART has

increased from 50% to 89%. This is attributed to the introduction of new norms and inclusion criteria (universal access for: pregnant women, under-five children, and TB/HIV co-infected patients) as well as review of patient clinical charts and registers for identification of patients with the inclusion criteria conducted during the technical assistance visits.

The challenge of strengthening the referral and counter-referral system for patients diagnosed with HIV to ensure that they are enrolled in care services within the HF of remains, as 35% of the patients who tested HIV+ were not enrolled in Pre-ART, and this represents a lost opportunity. However, some patients who test positive and who are immediately enrolled in ART may not be recorded as pre-ART clients despite the definition of this indicator. During the quarter, joint TSV conducted by CHASS and DPS was undertaken, and the team provided on-the-job training to the clinicians to follow the MoH guidelines which recommend opening the clinical chart for each HIV positive patient, adherence counseling, Cotrimoxazole (CTZ) prophylaxis from the eligible and the CD4+ request in the same day. In the next quarter, on-the-job training to improve the flow of patients across sectors within the HFs will be undertaken, as well as the reinforcement of implementation of the norms related to enrolment in care for every HIV+ patient on the same day as diagnosis.

**Figure 3 - Pre-ART cascade in Niassa, July to September 2013**



### ***Adult Care and Treatment Technical Support***

During the quarter, 1,449 new patients initiated ART. This is a 68% (from 864 to 1,449) increase from the last quarter, and contributed to reaching 96% of the annual target. At the end of the reporting period 10,768 patients were currently in ART, which represents a 23% increase as compared to the previous quarter and contributed to reaching 111% of the annual target. This increase could be attributed to the increase in trained staff qualified to prescribe ART (MCH nurses and health agents) and the expansion of the ART sites from 36 to 42, including the implementation of the B+ Option. In general, the performance in ART was positive. Challenges prevail in improving retention of enrolled patients, as well as referrals of patients across sectors,

and referral of TB/HIV co-infected patients. For the next quarter, focus will be on preparing HIV+ pregnant women for continuing ART after delivery through reinforcement of psychosocial support and home-visits (with linkage to the community component); this is particularly important given that the first women enrolled under Option B+ are beginning to give birth.

### ***Pediatric Care and Treatment Technical Support***

During the quarter, pediatric HIV services were expanded to 2 additional HFs: Chiuaula and Namacula HCs in Lichinga, increasing the number of HFs with pediatric services to 42. In the same period, 96 children were enrolled in ART, the same number as was enrolled in the previous quarter. However, the proportion of HIV+ children among all patients in ART went from 10% to 7% in this quarter. The decrease in the proportion of children in ART is likely the result of the delay in implementation of universal access for children under-5. CHASS N will reinforce on-the-job trainings during TSV to ensure implementation of the universal access norm. Technical assistance will focus on distribution of the new norms and review of patient clinical charts and registers to increase the identification and enrollment of children in ART.

The main challenges for pediatric ART is that some children in pre-ART are not enrolled in ART based on previous inclusion criteria; in addition, early infant diagnoses continue to experience a long turnaround time (TAT) between sample collection and communication of result to the point of service. During the next quarter, CHASS N will support review of clinical charts for children not enrolled in ART under the previous criteria, to assess their current status, and will work through the community partners to identify children for enrollment if they are not yet on ART. In addition, CHASS N will continue to provide on-the-job training to the technical staff in pediatric ART. Regarding the issue of late reception of PCR results from the Nampula reference lab, CHASS N will continue coordination with the Nampula Lab to reduce the TAT.

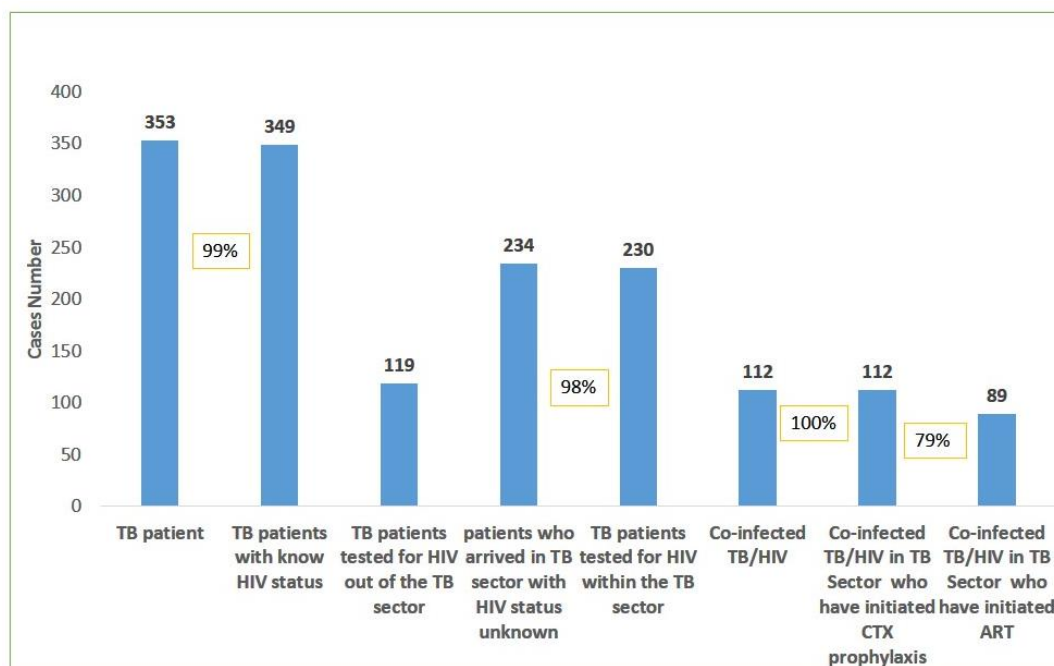
### ***TB/HIV co-infection support services***

In Niassa, CHASS N supports the implementation of TB/HIV services in a total of 16 HFs, specifically in HFs of the districts' headquarters. All the supported HFs are implementing the partial one-stop model, with staff trained in prescription of ARVs.

This quarter, 353 new patients were registered in the TB services. Of the 353, 349 (99%) were screened for HIV, and 112 (32%) of these patients were known or tested positive, all of whom received CTZ prophylaxis and 89 (79%) of whom initiated ART. Compared to the previous quarter, the proportion of new TB/HIV co-infected patients enrolled in ART increased from 77% to 79% (see figure 4). This increase is associated with the implementation of the one-stop model, universal access, and training of the TB focal points in ART, as well as the regular joint TSV during which mentoring and follow-up on the newly trained TB staff were conducted.

The main challenge in the TB intervention is that the proportion of TB/HIV co-infected patients enrolled is still below the universal access norm. Joint TSV with DPS will continue to be conducted, with reviews of register books and patient clinical charts to ensure that all co-infected patients initiate ART.

**Figure 4 – TB/HIV cascade in Niassa province, from July to September 2013**



### ***Adherence to Treatment and Retention in Care Technical Support***

During the quarter, a total of 293 (143 males and 150 females) defaulted (LTFU) patients in Pre-ART were delivered to the CCMs and lay-counselors for identification, and 202 (69%, 103 males and 99 females) were located. Of the located patients, 194 (96%, 98 males and 96 females) were found at home, of which 180 (93%) returned to treatment. In the same period, a total of 132 patients (49 males and 83 females) that abandoned were delivered. Of this patients 88 (67%, 31 males and 57 females) were located and 83 (94%, 29 males and 54 females) of the located<sup>1</sup> patients were encountered<sup>2</sup> and 76 (92%) returned to treatment.

In ART, a total of 566 (242 males and 324 females) defaulted (LTFU) patients was delivered to the CCMs and lay-counselors for identification, and 482 (85%, 209 males and 273 females) were located. Out of the located patients, 461 (96%, 200 males and 261 females) were found, of which 435 (94%) returned to treatment. In the same period, 277 (118 males and 159 females) cases of

<sup>1</sup> Located patients are all those patients whose residences have been identified, including those who died or where transferred to another location

<sup>2</sup> Encountered patients are all those patients who have been found by the CCMs and counseled to return to treatment

patients that abandon services were delivered. Out of these, 174 (63%, 80 males and 94 females) were located and 157 (90%, 73 males and 84 females) of the located patients were encountered and 156 (99%) of the encountered patients returned to treatment.

In the cases of PMTCT, TB and CCR patients, the return rates of patients LTFU were also significantly high (between 88% and 98%). Regarding patients who had abandoned TB and CCR services, the rates of return were also high (100%).

In general, the process of active finding (busca activa) is functional given the percentage of patients found and returned to treatment for each service (see table 1). One of the factors contributing to these high rates of returns is the counseling for adherence and psychosocial support provided in the community once the patient is found.

The main challenge is related to locating the patients delivered to “busca activa”, as 25% of the patients could not be located. This is related to the long distances between their residences and the HFs. Secondly, there are several cases of patients who provide false names and addresses to the clinical staff, making their location very difficult. In other cases, patients provide real names, however these are not the names known by the neighbors. Finally, there is a general problem of lack of specific addresses in most parts of the neighborhoods of the country.

To overcome these problems, CHASS N is implementing several strategies. For the issues related to false/unknown names, CHASS N is reinforcing the counseling of new patients enrolled about the importance of providing full information for their location, as well as advocating among clinical staff about the need to collect complete information from patients (nicknames, telephone numbers, points of reference, and the name of the confidant). In addition, the project is reinforcing the strategy of home visits for psychosocial support in order to ensure retention of patients in care or return in cases of LTFU or abandon.

**Table 1- LTFU indicators disaggregated per areas in Niassa from July to September 2013**

	CCR		PMTCT		TB		Pre ART		ART		Total	
	Total	%	total	%	total	%	total	%	total	%	total	%
<b>Defaults ( from 15 to 59 days)</b>												
# of patients defaulted (faltosos) delivered	216		97		82		293		566		1254	
# of patients located <sup>3</sup>	175	81%	83	86%	67	82%	202	69%	482	85%	1009	80%
# patients encountered <sup>4</sup>	163	93%	80	96%	64	96%	194	96%	461	96%	962	95%
# patients returned to treatment	143	88%	70	88%	63	98%	180	93%	435	94%	891	93%
# patients deceased	8	5%	1	1%	3	4%	6	3%	12	2%	30	3%
# patients transferred out	4	2%	2	2%	0	0%	2	1%	9	2%	17	2%
# patients refused to return	20	12%	10	13%	1	2%	14	7%	26	6%	71	7%
# patients not located	41	19%	14	14%	15	18%	91	31%	84	15%	245	20%

<sup>3</sup> Located is the sum of patient returned, deceased, transferred out and refused

<sup>4</sup> Encountered is the sum of patient returned and refused

<b>Abandon (60+ days)</b>												
# of patients abandon delivered	10		1		40		132		277		460	
# of patients located	6	60%	0	0%	14	35%	88	67%	174	63%	282	61%
# patients encountered	6	100%	0	-	14	100%	83	94%	157	90%	260	92%
# patients returned to treatment	6	100%	0	-	14	100%	76	92%	156	99%	252	97%
# patients deceased	0	0%	0	-	0	0%	3	3%	12	7%	15	5%
# patients transferred out	0	0%	0	-	0	0%	2	2%	5	3%	7	2%
# patients refused to return	0	0%	0	-	0	0%	7	8%	1	1%	8	3%
# patients not located	4	40%	1	100%	26	65%	44	33%	103	37%	178	39%

### ***Family Planning (FP)***

During the quarter, 683 HIV+ women delivered in maternities. Of these, 422 (62%) of the women participated in a post-partum consultation and received at least one method of FP (54% oral contraceptives, 40% injectable contraceptives, and 6% intrauterine device), which was an increase from 170 (148% increase compared to previous quarter) in the number of women receiving at least one method in the previous quarter. The increase is the result of the existence of FP registers in the maternity, sensitization of the clinical staff in the ART sector to refer women in ART to FP services, as well as on-the-job trainings provided during the technical assistance visits. The next quarter we are planning to discuss with DPS the process of integration of family planning in HIV services.

### ***Laboratory***

CHASS N supports 19 laboratories in 16 districts of Niassa province. Out of these, 11 laboratories have capacity to do CD4 count, 1 in Lichinga (used as reference lab for the northern region of the province) uses facs calibur, 1 in Cuamba (serving as reference lab for the southern part of the province) using facs count, and 9 labs using Point of care technology for CD4 (known as PIMA). The aim is to provide technical assistance to strengthen the capacity and quality of diagnoses by the labs in the province.

During the reporting quarter, a total of 5,029 CD4 counts were performed, which represents an increase of 22% as compared to the previous quarter (from 4,108 to 5,029). This increase resulted from the increase in the capacity to undertake CD4 counts with the introduction of 6 additional PIMAs; secondly, during the reporting period there was no breakdown of the CD4 machines and no stock outs of reagents. In addition, CHASS N continued to support the transportation of CD4, PCR, biochemistry, Complete Blood Count (CBC) samples, materials and consumables reagents through the 7 routes, twice a month.

In the same period, 401 PCR samples were collected and sent to the Nampula reference Lab, which represents an increase of 17% as compared to previous quarter (from 343 to 401). Of the samples sent, 186 results were received (46% of the samples collected and sent), representing a 930% increase (from 20 to 186). Of these 186, 28 (15%) were positive, representing a decrease

from the previous quarter, from 20% to 15%. Compared to the previous quarter, there was also an increase in the proportion of results received, from 6% to 46%. The increase in the number of PCR collected and received is attributed to the increase in the number of HFs with capacity to collect PCRs as well as the coordination established with the Nampula lab, which we assuming was reduced the waiting time.

Regarding the TB lab diagnosis, Gene Xpert initiated activities in Cuamba in 2012, and faced several challenges: breakdown of one of the components (Unit of Power Stabilization), and stock out of reagents. During this quarter, 174 samples were processed (see table 2), a 511% increase (from 34 to 174), which is attributed to the full operation of the equipment as there was no breakdown during the period.

**Table 2 - Gene Xpert Results in Niassa, July to September 2013**

	<b># of samples processed</b>	<b>Presence of DNA of M.Tuberculosis detected</b>	<b>Presence of DNA of M.Tuberculosis not detected</b>	<b>Invalid</b>	<b>Resistance to Rifampicine identified</b>
July – September	174	32	142	0	4
April - June	34	10	16	7	0

In the next quarter, priorities will include follow-up to implementation of PIMAs and use of Gene Xpert. CHASS will also advocate for use of the PIMA machines by the neighboring districts to increase the number of CD4 counts processed.

### ***Injection Safety/Infection Prevention & Control/Biosafety Technical Support***

Infection prevention and control is one of the key priorities of the project agenda in Niassa. The core functions of infection prevention and control that the project is supporting in Niassa focus on strategies to protect clients/patients, staff and others from exposure to infections.

During the quarter, measurement was only done in 1 HF, the Lichinga PH. The result of this measurement was 59%. The challenge for the project is to make the measurements more regular. CHASS N will support DPS in reviewing the timing for the measurements, as well as reactivating the Infection Control Program (ICP) committee for sharing good practices and discussion of management of the program.

On the component of Post-Exposure Prophylaxis (PEP), during the period, 10 health workers (3 males and 7 females) had occupational exposure, 7 of whom benefitted from PEP and 3 of who were not provided with PEP because the level of exposure was low.

### ***Nutrition, access to food and utilization technical support***

CHASS Niassa Nutrition program aims to strengthen nutrition counseling and care for People Leaving with HIV and AIDS (PLHIV) in clinical- and community-based services in Niassa Province. The program supports the implementation of the Nutrition Rehabilitation Program (NRP) volume 1, which has been implemented in Niassa Province since July 2012, covering children under 14 years old, in a total of 18 HFs. The NRP interventions are grouped into three components: Outpatient Treatment of Malnutrition (TDA), Treatment of Malnutrition in Internment (TDI) and Community NRP.

#### ***Nutrition Rehabilitation Program Technical Support – Clinical Component***

During the quarter, a total of 50 children were attended at the TDI, all of them were tested for HIV, and 8 (16%) tested positive. In the same period a total of 120 patients were admitted in TDA, and 42 of these were cured. For these two components (TDI and TDA), there was a decrease of 81 % (from 263 to 50) and 67 % (from 359 to 120), for TDI and TDA, respectively. This decrease is due to lack of regular sending of NRP data from districts to DPS and the main gap in the implementation of universal access to nutritional care and support is the weak integration of nutrition interventions in HIV/AIDS policies and programs in the national health care system. In addition, the problem of malnutrition screening, recording and reporting is related to work overload and constant absence of staff in the HC when attending trainings and meetings at district and provincial levels.

Technical assistance activities, that included mentoring and on-the-job training under the NRP, were conducted. The biggest challenges in implementing the NRP in the province are associated with the components of monitoring and evaluation (M&E) and management of the program

(management of the nutrition care services, distribution of therapeutic and supplementary food, distribution of reporting instruments). For the next quarter, in coordination with the Food and Nutrition Technical Assistance (FANTAIII) project, CHASS N will implement on-the-job training for health staff in M&E, as well as implementation of a Quality Assurance/Quality Improvement (QA/QI) project for NRP in Cuamba, Muembe and Lichinga. During the same period, CHASS N will support the organization of the provincial meeting for Nutrition, and support the DPS in the implementation of the NRP. Capacity building for the focal points in nutrition will also be carried out and CHASS-N will support DPS in managing the NRP as a means to improve performance.

Concerning the implementation of Corn Soy Blend plus (CSB+) distribution, during the quarter an assessment of warehouses for medicines was conducted in coordination with World Food Program (WFP) in the 18 HFs where the program will be implemented. Where capacity for storage was low, alternative spaces for storage were identified. Next quarter, the project will collaborate with WFP to conduct trainings for health workers and to initiate implementation, including distribution and dispensing of CSB+ to patients in 17 HFs.

#### *Community Nutrition Intervention – Referrals and Counter-referrals*

At the community level a total of 49 children were identified as malnourished and were referred to the HF by the CCM, and 43 (88%) of these patients were attended at HFs. Compared with the previous quarter, there was an increase of 23% (from 40 to 49) in the number of children identified and referred to the HF (see table 3). This increase is most likely the result of improved documentation of referrals and counter-referrals between community and HFs. During this period, on-the-job trainings were undertaken during the TSVs and these OJTs targeted CCMs, covering the Community NRP component, and recording and data collection of nutrition referrals. There was also distribution of data collection instruments to the CCMs. For the next quarter CHASS N plans to implement refresher training for CCMs, PCC activists and DPS staff in Community NRP.

**Table 3 - Number of malnourished patients referred from the community and followed at HF level in Niassa, by age and sex, July to September 2013**

	Patients Referred					Patients Followed				
Age	0-14		15+		Total	0-14		15+		Total
Sex	M	F	M	F		M	F	M	F	
CS Cid Lichinga	1	2	0	0	3	1	2	0	0	3
CS Meponda	1	0	0	0	1	0	0	0	0	0
CS Cuamba	2	2	0	0	3	1	0	0	0	1
CS Lúrio	4	1	0	2	7	4	1	0	2	7
CS Maniamba	0	1	1	0	2	0	1	1	0	2
CS Metangula	0	6	2	0	8	0	6	2	0	8
CS Mandimba	0	1	0	0	1	0	1	0	0	1

CS Mississe	5	5	0	0	10	5	5	0	0	10
CS Marrupa	2	2	0	0	4	2	2	0	0	4
CS Maua	4	2	0	0	6	2	2	0	0	4
CS Nanlichá (Nipepe)	1	2	0	0	3	1	2	0	0	3
<b>Total # of the patients referred and followed</b>	<b>20</b>	<b>24</b>	<b>3</b>	<b>2</b>	<b>49</b>	<b>16</b>	<b>22</b>	<b>3</b>	<b>2</b>	<b>43</b>

### *Nutrition Community Intervention – Information Education and Communication (IEC)*

In the same period, a total of 1,467 beneficiaries (278 males and 1,189 females) participated in 28 culinary practices sessions through the M2M groups. In addition, 6,549 individuals (2,658 males and 3,891 females) participated in IEC sessions, which represents an increase of 114% (3,061 to 6,549). This increase is attributed to improvements in documentation of IEC sessions by the CCMs, M2M groups and community health workers. Basic themes covered the selection and use of healthier food, fortified porridge, prevention of malnourishment, the importance of infant feeding, the correct use of moringa, consumption of diversified locally available nutritious foods and good hygiene practices. These activities were done in coordination with PCC. On-the-job trainings were also provided during the TSVs, in which issues related to filling-out registers and submission of monthly summaries were addressed. The main challenge faced was related to the quality of data and regular reporting of achievements by CCM and PCC activists, and this will be an area of intervention in the next quarter, during the TSVs to be done with PCC and DPS staff.

### **Gender Equity and Gender Based Violence (GBV) supported activities**

Since the beginning of implementation of CHASS Niassa, gender equity has been one of its components. In 2012 Gender Based Violence was also incorporated as part of the intervention, starting from 9 HFs at the beginning of integration. During quarter four of FY13 the interventions were expanded to 20 HFs, with a focus in the district headquarters. In each district, a focal point for GBV has been indicated by DPS and trained by CHASS Niassa in the overall GBV package. Interventions take place in both HFs (including sensitizations and clinical services such as screening and post-GBV services) and at the community level.

### ***Reaching individuals through Individual, Small-group and Community Interventions related to GBV***

During this quarter, a total of 535 individuals were sensitized at the community level, 269 (49 males and 220 females) of these were sensitized as individuals, 159 sensitized in small groups (64 males and 95 females), and 107 females reached as community (see table 4). Compared to the achievements from last quarter, there was a 49% increase in individuals reached by the community intervention (from 360 to 535). The increase resulted from trainings provided to the CCMs in GBV. In the same reporting period, a total of 159 individuals were sensitized in HFs,

all of them reached in small groups. In addition, CHASS N conducted TSVs to the CCMs which included mentoring and on-the-job trainings and distribution of GBV tools. Cultural issues when addressing cases of sexual violence constitute a major challenge to addressing GBV at the community level, as intervention by the CCMs is impeded by existing cultural norms. CHASS N will reinforce creation of the district GBV taskforces and increase distribution of posters related to violence in the community to increase awareness within the community.

**Table 4 - GBV Sensitization Achievements (HFs and Community) in Niassa Province, July to September 2013**

Sensitized Groups	Sensitization at HFs	Sensitization at community
Individual Level	0	269
Small Groups	159	159
Community Level	0	107
Total	159	535

In addition 159 females were reached in the HFs (in the ANC sites). These activities targeted pregnant women waiting for ANC consultations and focused on prevention of GBV and awareness rising on how and where to report cases of different types of violence.

Priorities for the next period will include additional trainings for new CCMs and continuation of refresher trainings to the existing CCMs to improve knowledge and skills to screen cases of violence. In addition, the project will continue with production and distribution of awareness raising materials, including, posters, pamphlets and other IEC materials. In coordination with “Mulher Lei e Desenvolvimento” (MULEIDE) and PCC, the project will support the creation of Men to Men groups in communities with a focus on addressing norms of masculinity.

#### ***GBV Screening at the HF***

During the quarter, a total of 633 (230 males and 403 females) individuals were screened for GBV, of which 621 (238 males and 383 females) were cases of physical violence, 8 (all females) cases of sexual violence, and 4 (all females) cases of psychological violence. In comparison to the last quarter, the screening of GBV cases increased by 7% (from 594 to 633). In relation to the increase in the screening, this resulted from the training of new focal points as well as expansion to new districts. Analyzing by type of violence, there was a 43% reduction (from 14 to 8) in the cases of sexual violence reported. In the next quarter, CHASS N will support the DPS in the expansion of “GBV units” in every HF covered by the GBV intervention. This will enable treatment of the victims of violence in one centralized “GBV unit” and will ease tracking the type of services provided.

### ***GBV Encounters at HF's***

In this quarter, a total 2,592 (888 males and 1,704 females) service encounters at health facilities addressed GBV: 633 for screening (238 males and 395 females) and 1,959 (622 males and 1,337 females) for provision of post-GBV services (see table 5). There was a 9% increase (from 2,371 to 2,592) in service encounters as compared to the previous quarter. This was also a result of expansion of HF's with GBV services, capacity building for service providers in the GBV protocols, and improvement in reporting of GBV cases by the providers. During the quarter, CHASS N efforts included trainings providers, expansion of the service to additional HF's, and distribution of protocols to the providers to guide in providing services to the victims.

**Table 5 - GBV Service Encounters in Niassa, by type and sex of recipient, July to September 2013**

Type of service encounters		Nr of encounters		
		Males	Females	Total
GBV Screening	Physical Violence	238	383	621
	Psychological and Patrimonial Violence	0	4	4
	Sexual Violence	0	8	8
	Subtotal - screening	238	395	633
Post GBV services	Tested for HIV	0	8	8
	Family Planning	0	3	3
	Ante-Natal Care	0	0	0
	Partners Tested	0	0	0
	Contraceptive of Emergency	0	6	6
	Post-Exposure Prophylaxis	0	6	6
	Psychosocial Counseling	311	657	968
	Police Referral	311	657	968
Subtotal – post-GBV services		622	1337	1959
Total		860	1,732	2,592

### ***Trainings in GBV***

During the quarter, 24 clinical staff (15 males and 9 females) were trained in the “Protocolo do Atendimento Integrado às Vitimas de Violência. In addition, 23 CCMs (10 males and 13 females) were provided with refresher training in GBV, community mobilization, community counseling and testing, and nutrition. In the next quarter, more clinical staff will be trained in GBV including MCH nurses, clinical staff, and Lab technicians. It is also planned to provide refresher trainings to CCMs and initial trainings to new CCMs in GBV.

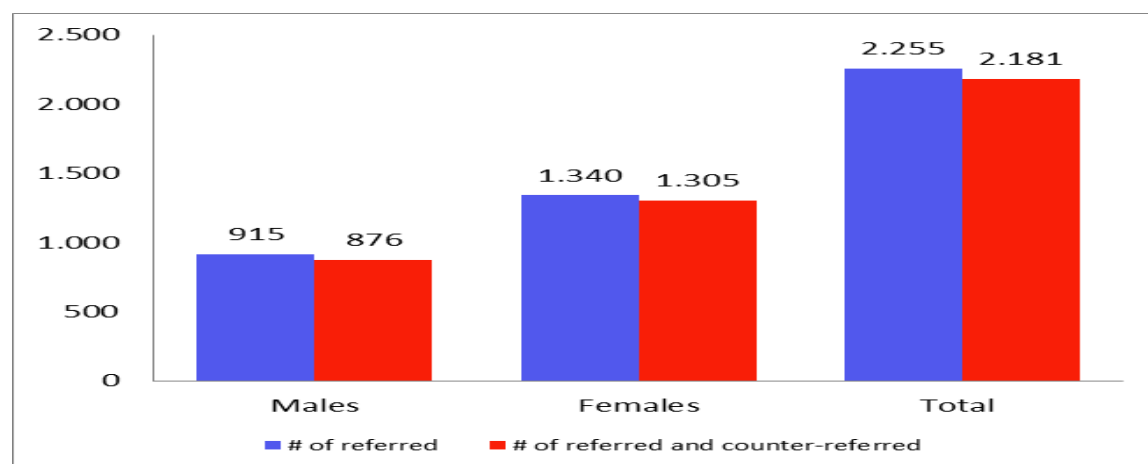
## **Objective 2: Create an integrated system of HIV/AIDS and primary health care with strong linkages to community services.**

### **Strengthening the district referral and counter-referral networks**

The referrals network is a mechanism that establishes linkage between the community and the health facility. It has been established in 33 HFs with ART services. For its operationalization, it counts on the presence of CCMs based at the HFs and at the community as well as lay counselors. For better monitoring of the cases of patients referred and counter-referred, a referral guide is used which allows CHASS N to track the number of patients referred in the community, the percentage that had services at HF, and percentage that completed the referrals cycle (referred, attended and counter-referred).

During this quarter, a total of 2,255 individuals (915 males and 1,340 females) (see figure 5) were referred for various services, including 512 for MCH services (ANC, Post-Partum Consultation-CPP, Family Planning Consultation-CPF, Consultation for Children at Risk-CCR, Labor and Delivery) and 11% of these were couples, 253 referred to TB services, 925 for HIV services, and 565 to other services (Nutrition, GBV, and Malaria). Of the people referred, 97% (2,181 individuals) completed the referral cycle. In comparison to the previous quarter, there was an increase in the proportion of individuals who completed the referral cycle, from 88% to 97%. In coordination with the clinical staff of CHASS Niassa, on-the-job trainings to the clinical staff at the HFs were conducted, which improved the recording of the services provided to the referred individuals, and to provide counter-referrals. In addition, coordination meetings organized between the CCMs, the clinical staff, and the focal points of community interventions at the HF, improved communication and coordination across the various sectors. These have contributed to the improvements.

**Figure 5- Referral and Counter-Referral Results in Niassa, by sex and total, July to September 2013**



## Community Adherence Support Group (GAAC)

From July to September, 10 new “Grupos de Apoio para Adesão das Comunitarios” (GAACs) were created in the province, making a cumulative total of 85 GAACs created (from 75 created as at the end of previous quarter). Currently there are 79 GAACs operational due to the disintegration of 6 GAACs. The disintegration was due to the expansion of the ART services to new HFs closer to the location of the GAACs. To date, the operational GAACs are benefiting 294 patients (82 males and 212 females), which is an increase by 7% from the previous quarter (from 274 to 294). Several activities have been implemented that contributed to these increases, including an experience exchange visit with Tete with the participation of all the focal points from the districts and DPS, as well as CHASS N technical staff; refresher training of the clinical staff of Mandimba HC, Cuamba RH, and Mechanhelas HC; reinforcement of regular follow-up of GAACs during the joint TSV; and increased involvement of the DPS and SDSMAS in the management of GAACs. CHASS N will continue the joint TSV to GAACs with special attention to Mecanhelas, as it has been having the lowest performance insofar as adherence to these groups and formation of new groups are concerned.

**Objective 3: Strengthen GRM/MOH capacity at the provincial and district levels to effectively manage high-quality, integrated HIV services by building management and financial capacity, reducing human resource constraints, and increasing the capacity to use data for program improvements.**

This quarter CHASS Niassa has contributed to improving the health system in Niassa across the World Health Organization (WHO) health system building blocks.<sup>5</sup> In order to develop health system capabilities necessary to effectively plan, manage, and evaluate integrated HIV services in quarter 4 the project has supported the DPS/SDSMAS with the following interventions:

### Strengthening of Service delivery

*Joint TSVs with DPS/SDSMASs to health facilities to strengthen the technical support system in Niassa*

In quarter 4 the project continued to provide TSV jointly with the DPS/SDSMAS technical staff as a means to both strengthen services (discussed under objective 1) and to strengthen DPS and SDSMAS capabilities to conduct TSV (discussed below). The joint TSVs were conducted to building the capacity of the DPS staff so they are able to implement the activities by themselves. The aim was also to ensure ownership of the technical assistance methodology by DPS staff, which consists of on-the-job trainings and assistance in documenting any challenges and successes encountered, as well as ensure correct use of TA tools. In addition, these TSVs were

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<sup>5</sup> Service delivery; governance; human resources for health; finance; medical products, vaccines and technologies; and information systems

intended to building capacity to conduct rapid service provision assessments and build skills to do geographic prioritization of beneficiary districts and health facilities using the following criteria: population, number of health facilities supported by the project, target, and score reached during the rapid service provision assessment.

During the quarter, CHASS N and DSPS/SDSMAS conducted a median of 2 joint TSV in each programmatic area (CT, MCH/PMTCT, adult and pediatric-pre ART and ART, TB/HIV co-infection, Nutrition, GBV, Community, laboratory, Pharmacy, health systems strengthening) in each health facility supported by CHASS N where DPS and SDSMAS were involved. The most important result was the fact that DPS/SDSMAS staff is learning and has started implementing correctly the methodology and the tools.

The major challenge to undertake the joint TSVs is the unavailability of DPS staff in many instances, as opposed to the district staff that are open to conduct joint visits. Secondly, there is a high rotation of staff at the provincial level of the health system. To overcome these issues, in the next quarter CHASS N will provide training in technical assistance methodologies, as well as support DPS in setting a personnel retention plan, specifically for the senior staff, and support development of provincial TA plan.

#### *Accreditation of the laboratories (FOGELA)*

The Clinical Laboratory of the Provincial Hospital currently participates in the Program for Improvement of Clinical Laboratory, FOGELA. Right now the implementation of the program is approximately 60% of mandatory activities, implementation of quality improvement projects and quality indicators.

The DPS and CHASS N lab team also participated in the 3rd workshop of the 2nd Round of FOGELA which consisted of presentations of projects to improve quality-related Lab Response Time counting LT-CD4, Sample Rejection, Facs Calibur Internal Quality Control, KX-21N Internal Quality Control, internal Quality Control in Reading Blades BK, Personnel File, Equipment Working Time and record temperatures glacier.

The major challenge for the implementation of FOGELA is to improve the documentation within the different sectors in the Lab and sharing information about mandatory lab activities, quality improvement projects and quality indicators within the Lab sectors and CHASS N Lab team. CHASS N will continue to support the implementation of FOGELA in the province as well as on the improvement of documentation.

### *POCS (PIMAS) allocation*

During the reporting period 6 new PIMAS were allocated in 6 HF (Entrelagos, Mandimba, Mecnheles, Mavago, Mecula and Marrupa) and the lab technicians of these HF were trained in the use of this equipment. These allocations are expected to improve the CD4 processing and help to meet demand for lab services.

### *Humanization committees and improve respectfulness of health services*

CHASS-N has provided technical support to DPS/SDSMAS to implement the MISAU quality improvement and humanization of healthcare initiative. The technical support activities included on-the-job training provided to 11 district headquarters HF.

CHASS Niassa also participated in the regional meeting of quality and humanization of health services held in Niassa province, attended by quality and humanization committees from Nampula, Niassa and Cabo Delgado, as well as by members of civil society and members of the committees of co-management of some health facilities in the northern region of the country. CHASS Niassa was classified in second place in the category of innovation and good practices, through the project for the improvement of referral and counter referral from the community to the HF and vice versa implemented in Mandimba HF and third prize in the same category, with the implementation of FOGELA (Strengthening of the management of the Labs) in the laboratory of the Hospital Provincial de Lichinga.

Still in the context of humanization of health services, CHASS N supported the DPS to conduct technical support visits to 11 districts, specifically the public reform unit, to verify compliance with MISAU management norms and guidelines and provide technical assistance. These visits addressed the following specific areas:

- Assess waiting times and gauge client satisfaction through public
- Verify the degree of completeness of mandatory registers
- Provide technical assistance to staff assigned to the patient outreach unit (gabinete de utente)
- Organize 11 district level community consultations to collect feedback from users on the quality of services provided in health facilities

Following the visit, 11 new patient outreach offices were opened in the following health facilities: Metarica, Nipepe, Maúa, Mandimba, Mecnheles, HRC, Chimbonila, Malanga, Mavago, 7 de Setembro and Metangula.

Client satisfaction assessment was done through consultation meetings in the community. In total, 11 meetings were held, with 322 participants (in Metarica, Nipepe, Maua, Chimbonila,

Mavago, Majune, and Lago). The purpose was to assess the level of satisfaction by the community members of the service provided by the HFs, and, based on the findings, design improvement interventions. The main complaints included the late beginning of the consultations at the health facilities, as well as temporary absences by the health professionals.

Base on the findings from the community consultation, an assessment of the patient waiting time was done in a total of 8 HFs (Metarica HC, Nipepe HC, Maúa HC, Chimbonila HC, Mavago HC, Majune HC, 7 de Setembro HC, and Metangula HC, all HFs of the district headquarters). Patients were randomly selected and provided with coupons containing arrival time, which were then given back after all the consultations, therefore providing the time taken by each of the selected patients and average was then calculated for each HF. The purpose of this exercise was to estimate the average time taken by patients in each HF, and compare to the major complaints related to excessive waiting time. The average waiting time was 1:42 hours, with a minimum of 1:18 hours (in 7 de Setembro HC, in Sanga district) and a maximum of 2:32h (in Maúa HC, in Maúa district).

Considering the time needed for a consultation, this average time is considered fairly within the acceptable waiting time, comparing to HFs in other places in the country (which can be as long as 5 hours). Even so, CHASS N will work with DPS to reduce further the average waiting time, improving the flow of patients within the HFs. To help address overcrowding<sup>6</sup> and long waiting time, and to ensure optimal use of limited human resources, CHASS-N has been supporting the DPS to study and develop procedures to improve patient flow in health facilities. The project is advocating for the development of graphical representations to synthetically represent the patient flow through the hospital/health facility and transfers between medical units to improve the way patients are taken care of, shorten the patient stay, and contain costs. During this period, a training session was held on processes engineering/management and flow chart to reduce patient delay and improve interfaces as patients are transferred from activity to activity or unit to unit. A total of 13 participants attended the training. Representatives of Metangula HF staff and one community representative participated in the training session.

## **Strengthening of the HR management**

### *Human resources for health development strategy and plan*

The functioning of the Niassa Health System is severely constrained by shortages in health personnel. The output of training institutions is insufficient to respond to the growing demand for a more and better trained work force. The shortage is further compounded by imbalanced distribution across the province and between urban and rural areas, compromising access to primary health care services for the majority of the population. During this quarter, the project

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<sup>6</sup> A multitude of factors are responsible for crowding, including prolonged evaluations, inadequate inpatient space, a severe nursing shortage, lack of coordination of multiple resources, such as physicians, medications, and diagnostic equipment, problems with absenteeism and high turnover of health workers.

supported the elaboration of a human resources development strategy and plan 2013-2020 for Niassa province. The Niassa HRH development plan was completed and the plan was officially submitted and presented (and subsequently approved) to the DPS. This plan will direct DPS to improve the HR management and some recommendations of the plan are already included in the FY4 work plan such as the training of new MCH nurses and improvement of the HR information system.

#### *Pre-Service Training support*

CHASS-N supports pre-service training of health workers. During the period under review, 27 new SMI nurses (nivel medio) and 24 Phamacys technicians graduated from the Lichinga an Nampula Health Training institutes respectively. All the new graduates were assigned to health facilities in Niassa province.

#### *Post-graduation scholarship support*

In order to improve the quality of management skills for the DPS senior staff, the project continues to support post-graduate scholarships for master degree in public health, management and HIV. The beneficiaries of the scholarships are drawn from provincial and district managers and are expected to return and work in the province/districts for a minimum period equivalent at least to the time of study. One DPS staff was participating in the program and two more have started the post graduate course in August, at Catholic University at Beria campus in semi presence regimen.

#### *In-service training*

The project is continuing to support the DPS training plan to improve the technical and clinical competencies of health care workers through strong clinical mentoring programs. CHASS N has supported the DPS in the training of 526 health workers in the province to provide high quality service, safe, centered on the patient's needs and given in a timely fashion.

#### **• Health Finance/ Financial Management, HR, Planning and Cooperation**

*Joint TSVs with the MOH to DPS to strengthen financial management, procurement, planning and cooperation, and HR*

CHASS Niassa started to work with the MOH to jointly build the capacity of provincial and district managerial staffs, monitor and strengthen financial management capacities of the DPS through TSV using a standardized TA tool (to be adapted to DPS context). MOH technicians of the areas of UGEA, Financial Management, Human Resources and Planning and Cooperation attended this TSV. Critical needs identified and supported include ensuring that key government policies and procedures are followed related to procurement, record keeping, managing cash flows, and other areas of financial management.

Some weaknesses in the financial management were found in DPS: mandatory financial registers (bookkeeping, accounting files) were not in order. To help address these, the team provided on the job training to the DPS on all mandatory financial recordkeeping instruments, on the job training on the norms and regulations for procurement of goods and services for the government institutions. The result of this TSV was an update of the DPS procurement plans and correction of serious errors in procurement processes that were ongoing at the time of the TSV.

This visit falls within the framework of capacity building of DPS to better performance in the areas mentioned above, the visit allowed making the baseline assessments, which will allow the monitoring of progress in the following visits which will be held on a quarterly basis. The Procurement area showed more weaknesses and needs a strong support. To address these weaknesses in coordination with the MOH, a 5 days training in procurement is planned for the next quarter for the district and DPS staff working in the procurement units (UGEA).

#### *Sub agreement management with DPS*

CHASS N supported the DPS in the procurement, logistics and management of the sub-agreement, at provincial and district level. The total DPS sub-award estimated amount for the LOP is US\$4,269,884. The amount planned for the fiscal year 3 for the period October 2012 to September 2013 was \$1,070,571.03, with the expenditure for that \$ 786,005.67 period corresponds to 73% of the planned (see table 7 below- annexes). The sub-agreement is split into two mechanisms. A fixed-price contract for costs paid directly to the DPS and a sub-agreement for costs incurred on behalf of the DPS.

### **Supply Chain Management**

#### *Capacity building of supply chain managers at provincial, district, and facility levels*

CHASS N supports the DPS in assuring the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Currently CHASS N is supporting 16 districts warehouses, 1 provincial warehouse and 3 warehouses of provincial/rural hospitals, totaling 20 warehouses. The support consists of capacity building of staff, improvement of the work conditions, and training and installation of software (SIMAM) in 6 locations, including, the provincial warehouse, warehouse of the provincial hospital, as well as the warehouses of Mandimba, Lago, Marrupa and Cuamba districts.

During the quarter, 31 health workers were trained in procedures of medicine management. In addition two trucks were provided for transportation of medicines and consumable from the provincial warehouse to the districts and HF's pharmacies. During the technical assistance visits and joint TSVs on-the-job trainings were provided to the HF staff for improvement in quantification and request of medicines. Support was also provided to DPS in planning of distribution of medicines at the provincial and district levels.

Challenges in distribution of medicines from the districts warehouses to the peripheral HFs prevail, which are associated with the continuous stock-outs of medicines at the provincial level, and/or deficient transportation systems within the districts.

The situation of stock out in the province was aggravated by deficiencies in supplies of medicines from CMAM at the central level, as the central level also faced stock-outs.

Table 6 below presents the list of essential medicines which had stock-outs. Highlight is given to stock-outs of CTZ (tablets and suspension) and Zidovudina (tablets and suspension), which contributed negatively to the performance of the project in this quarter.

**Table 61 - List of Drugs in Stock-out in Niassa province, from July to September 2013**

Drug Name	
Doxycycline 100mg tablets	Ampicillin inj. 500 mg
Cotrimoxazole Suspension 240mg/5ml	Amox. + Clavulanic acid 312,5mg/5mL
Ciprofloxacin 500mg tablets	Ceftriaxone inj. 1g
Ciprofloxacin Inj. 2mg/m	Cefixime 200mg tablets
Metronidazole Susp. 200mg/5mL	Cefixime 400mg Tablets
Benzathine penicillin inj. 24000000 MU	F 75 Sachets
Amox. + Clavulanic acid 625mg tablets	F 100 Sachets
Azithromycin 500 mg tablets	Syphilis Testing
Procaine penicillin inj. 30000000 MU	Zidovudine 300mg tablets
Penicillin G Sodium inj. 10000000 MU	Zidovudine Syrup 50mg/5ml
Cefixime 400mg tablets	Efavirenz (EFV)
Fluconazole Inj. 2mg/ml	
Duovir	

## Health Information System

During the quarter the CHASS N M&E team conducted several activities aimed at improving the quality of the data reported and used for decision making in the health sector in the province.

Technical assistance visits were conducted to HFs to ensure the existence of lockable cabinets in key sectors, as well as to ensure availability register books, folders for clinical charts, and materials and skills for preparing monthly summary forms (through on-the-job trainings). In addition, during the technical assistance visits, the team helped organize the clinical charts in key sectors as well as organize FILAs for better identification of defaulters and LTFU.

A joint TSV was conducted by the CHASS M&E team, DPS M&E focal person and USAID SI Team in selected health facilities, with a focus on the major HFs (Lichinga PH, Lichinga HC, Mandimba HC, Cuamba RH, and Cuamba HC). The aim was to assess the major challenges facing the HIS in the province and to develop action plans to improve the collection, storage,

analysis, reporting, and use of health-related information. Key issues identified included the need for creation of SOPs for the various M&E activities conducted at health facilities, the need for cross-sectoral review of monthly summaries, and the need for capacity building for District Statistics Center (NEDs). These activities will be acted upon in the next quarter. The CHASS N M&E and technical teams, together with DPS staff will develop SOPs for technical assistance, which will include the how, when, who, and what of a TSV insofar as data is concerned.

In addition, a data collection and cleaning was conducted in every health facility supported by CHASS N, by a multidisciplinary team, involving clinical project staff, CHASS N M&E team, NEDs of every district, and the DPS M&E focal person. The aim was to ensure accuracy of the data reported, and build the capacity of DPS at various levels to conduct data verifications. As a result, monthly summaries with inaccurate numbers were corrected and data issues were identified, which will be included in the TSVs by the CHASS N and DPS teams (both M&E and clinical). It is expected that DPS gained the practical experience of the data issues that can be found at the HF level, as well as the need for checking for aggregation and transcription errors at various levels. Key issues found included registers not well filled in (with missing information) and continuous omission of some information in the monthly summaries (such as LTFU in the ART summaries). Next steps will include more frequent data verifications by joint teams (including M&E person as well as clinical project staff).

In relation to implementation of electronic patient tracking system (EPTS) the discussions continued, together with preparation of the logistics for the process: the pilot sites have been selected (Lichinga PH, Lichinga HC, Cuamba RH, and Mecanhelas HC); CHASS N is in the process of recruiting an IT person for the province to support full operation of the computers; contract with TDM is underway to facilitate the functioning of the EPTS; the server for running the application has been purchased; and recruitment of the external data entry team is underway and their training is scheduled for November. As discussed with the DPS, after entering the retrospective data into OpenMRS, DPS staff to be indicated at each HF will be responsible for updating the patient information.

### **Major Implementation Issues**

CHASS N has strengthened its technical support to the province through training for all CHASS N staff in TA. Many creative and positive interventions were implemented to improve the quality of care provided to patients with HIV/AIDS and related infections. CHASS N is in the process of developing the induction plan for new staff to avoid the gaps in cases of staff turnover.

#### *Staffing*

During the quarter, CHASS N discontinued two staffing positions in Maputo (LAB senior technical officer and Community technical officer) and opened similar positions in Niassa Province. In the same period two staff resigned (1 in Maputo - Program senior technical office and 1 in Niassa - Lab technical officer), and as a result, the project is recruiting new people to fill

all vacant positions. Regarding the positions for advisors of the DPS, CHASS N has launched M&E, for which interviews will be held next quarter.

### *Challenges*

One of the main challenges facing the project is in ensuring that the DPS sub-agreement is contributing to reach the set targets, and to the improvement of the quality of services provided to the patients at the HF level, as the sub-agreement is linked to the 6 priority indicators of the HIV acceleration plan. That is, CHASS N intends to ensure that the activities included in the sub-agreement are aligned with the DPS annual plan as well as with the ART acceleration plan.

CHASS N expects to face the challenge of dropouts by women in ART under the B+ Option after delivery, as some women from the first group enrolled under the option B+ will be discharged during next quarter and CHASS N will work with the DPS to ensure that these women continue in care.

CHASS Niassa is also facing a challenge in identification of patients with TB. The TB screening is happening. However, this is not being well conducted and documented, which contributes to the low number of new TB patients identified.

Stock-outs of drugs (Zidovudine tablet and suspension) and HIV test kits are influencing project performance in meeting targets, exacerbated by the unavailability at central level (CMAM).

### **Collaboration with other stakeholders**

CHASS N is collaborating with other projects implemented by FHI360 and other organizations in Niassa province. This quarter the linkages with PCC continued in the 5 districts where USAID PCC and CHASS N projects are both working. In collaboration with the TB CARE I, mentoring and supervisions of the implementation of the TB-DOT, TB/HIV collaborative activities, provision of on-the-job trainings to the MCH nurses in the TB screening of all beneficiaries of the MCH services. In addition the project continued collaboration with FANTAI in the implementation of the NRP QA/QI project in Muembe, Lichinga and Cuamba health Centers.

The CHASS N and Maternal and Child Health Integrated Program (MCHIP) staff were part of the national PMTCT supervision visit to the follow up of implementation of Option B+ in Lago, Lichinga City and Mandimba health centers.

### **Upcoming Priority Activities**

- Expansion of the Community HCT to Cuamba district.
- Training of the health workers and community health workers (Agentes Polivalentes Elementares) in NRP and the expansion of the NRP to all 16 districts.

- Refreshment and initial training in TSV to the DPS/SDSMAS technical staff.
- Support the DPS in the process of follow up to new PIMA and training provided to lab and its staff in this quarter;
- Support the DPS to implement the acceleration plan and the maternal to child transmission elimination plan;
- Support the DPS to implement the EPTS (OpenMRS) in four health facilities ( Lichinga provincial Hospital, Lichinga City Health center, Cuamba Rural Hospital and Mecanheles Health Center)
- Development of M&E Standard Operating Procedures
- Introduce monthly data analysis for better decision-making

## ANNEX 1 – Progress toward the targets in CHASS Niassa from July to September 2013

PMTCT ANC	Annual Target	Q1 Results	% Achieved end Q1	Q2 Results	% Achieved end Q2	Q3 Results	% Achieved end Q3	Q4 Results	% Achieved end Q4
Number of health facilities providing MCH services that provide HIV testing and ARVs for PMTCT on site, ANC/ L&D settings	65	65		65		65		65	
Number of unique pregnant women registered in ANC		16.032		14.087		14.571		17092	
Number of pregnant women with known HIV status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	57.271	13.872	24%	10.897	43%	10.692	62%	15.942	90%
Number of pregnant women with known HIV <u>positive</u> status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	864	780	90%	299	125%	808	218%	680	297%
Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission, total, by regimen, by setting (ANC)	1.413	607	43%	633	88%	581	129%	472	162%
Number of HIV-positive pregnant women in ANC who have initiated CTX	520	418	80%	248	128%	114	150%	431	233%
Number of partners of women who are HIV tested in ANC setting	11.534	2.913	25%	1.824	41%	2.437	62%	3.835	95%
<b>PMTCT L&amp;D</b>									
Total number of unique pregnant women registered in L&D		11.303		12.908		9.013		10352	
# women receiving an HIV tests & results in a PMTCT L&D setting	15.222	6.705	44%	6.700	88%	7.161	135%	4117	162%
Number of pregnant women with known HIV positive status LD (includes women who were tested for HIV and received their results)		242		721		1221		683	
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT / L&D setting	778	280	36%	560	108%	362	154%	422	209%
Number of HIV-exposed infants who received ARVs to reduce risk of MTCT in L&D setting, (total / by regimen)	880	375	43%	421	90%	332	128%	387	172%
Number of infants born to HIV-positive women who received an HIV test within 12 months of birth	699	384	55%	131	74%	512	147%	574	229%
Children (<18months) born to HIV+ pregnant women who are started on CTX prophylaxis within two months of birth	933	274	29%	171	48%	298	80%	332	115%
<b>COUNSELING &amp; TESTING</b>									
Number of service outlets providing counseling and testing according to national and international standards	65	65		65		65		65	
Number of individuals who received counseling and testing for HIV and received their test results( CT setting: Clinical)	103.349	6.351	6%	18.470	24%	10.506	34%	16.888	51%
Number of individuals who received counseling and testing for HIV and whose results were HIV+		1575		4589		911		936	
<b>HIV care and treatment</b>									
Number of health facilities that offer ARV treatment clinical services	33	33		33		33		42	
Number of HIV-positive adults and children receiving a minimum of one clinical service	19.412	7.522	39%	16.243	122%	14.074	195%	18.465	290%
Number of adults and children with advanced HIV infection newly enrolled on ART	4140	760	18%	894	40%	864	61%	1449	96%
Number of adults and children with advanced HIV infection currently receiving ART, by sex, pregnant women	9.706	7.017	72%	8.511	88%	8.735	90%	10.768	111%
Number of adults and children with advanced HIV infection who ever started ART, by sex, pregnant women		8.339		9.233		10.170		11.619	
<b>TB/HIV SERVICES</b>									
Number of service outlets providing prophylaxis and/or treatment for TB to HIV infected individuals (diagnosed or presumed.)	16	16		16		16		16	
Number of TB patients registered during the reporting period		298		308		396		353	
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	1165	101	9%	123	19%	156	33%	112	42%
Number of TB patients who had an HIV test result recorded in the TB register	1.169	163	14%	177	29%	210	47%	230	67%
Number of HIV-infected TB patients in the TB sector who have initiated cotrimoxazole (CTX) prophylaxis	741	124	17%	100	30%	156	51%	112	66%
Number of HIV-positive TB patients who have started ART	540	98	18%	68	31%	121	53%	89	70%

## ANNEX 2 - In-service training in Niassa from July to September 2013

Technical Area	Nº. of Facilitators	Target Group	Nº. of Participants	Dates	Venue	Observations
<b>LABORATORY</b>						
Formação de Operadores do Equipamento PIMA	06	Técnicos de laboratório	18	12 a 16 e 19 a 23 de Agosto	Cuamba	
3ª Reunião Anual do Laboratório	06	Técnicos de laboratório	35	18 a 20 de Setembro	Mandimba	
3ª Reunião Anual do Laboratório	06	Técnicos de laboratório	30	25 a 27 de Setembro	Mandimba	
<b>ART</b>						
III Comité TARV Provincial	03	Médicos, ESMI e TMG	92	06 a 07 de Setembro	Lichinga	
Formação dos pontos focais de APSS/PP	04	Técnicos de Psiquiatria AGM e TMG	25	26 a 30 de Agosto	Lago	
Formação em Melhoria de qualidade para a equipa provincial e distrital	04	Médicos, ESMI, AMG e TMG	26	16 a 21 de Setembro	Lago	Estavam presentes alguns Técnicos da FHI360 do Projecto CHASS N
<b>NUTRITION</b>						
PRN	07	Técnicos de Saúde e Médicos	29	08 a 12 de Julho	Cuamba	
<b>TB/HIV</b>						
Reunião Provincial	04	Médicos Chefes e Supervisores do PNCT Distritais	32	31 de Julho a 02 de Agosto	Cuamba	
<b>PMTCT</b>						
Formação de Matronas	02	Matronas	10	16 a 20 de Setembro	Mandimba	
Formação de Matronas	02	Matronas	10	16 a 20 de Setembro	Metarica	
Formação de Matronas	04	Matronas	10	22 a 26 de Julho	Marrupa	
Formação de Matronas	02	Matronas	09	22 a 26 de Julho	Nipepe	

<b>Formação de Matronas</b>	<b>03</b>	Matronas	<b>18</b>	22 a 26 de Julho	<b>Maua</b>	
<b>Reunião Semestral SMI</b>	<b>04</b>	ESMI, TMG e Médicos	<b>42</b>	03 a 05 de Setembro	<b>Lichinga</b>	
<b>GENDER</b>						
<b>GBV</b>	<b>03</b>	Médicos,ESMI, TMG, AMG, Psicólogos, Enfermeiros Basicos, Gerais e Técnicos de FHI360(Genero e M&A)	<b>27</b>	09 a 11 de Julho	<b>Cuamba</b>	
<b>IPC/BIOSECURITY</b>						
<b>Reunião Provincial de Enfermagem</b>	<b>01</b>	Médicos e Supervisores distritais de enfermagem.	<b>31</b>	12 a 13 Julho	<b>Lichinga</b>	Estava presente o delegado provincial de ANEMO e assessora da FHI para o PCI
<b>PHARMACY</b>						
<b>Gestao de Medicamentos</b>	<b>05</b>	Técnicos de Farmacia e Medicos	<b>26</b>	23 a 26 Julho	<b>Cuamba</b>	
<b>HEALTH SYSTEMS STRENGTHENING- SERVICE DELIVERY</b>						
<b>Reunião Regional de Qualidade e Humanização</b>		Todos os chefes de programas da DPS, CQH das US, comunidade,		26 a 28 de Setembro	<b>Lichinga</b>	<b>O CHASS N apenas apoiou com os Perdiems</b>
<b>Gestão de processos e fluxo de pacientes</b>	<b>02</b>	Enfermeiros, Médicos, Técnicos de Saúde, APE, Sociedade Civil e Régulo	<b>23</b>	17 a 18 de Setembro	<b>Lago-Metangula</b>	
<b>COMMUNITY</b>						
<b>Conselheiros Leigos</b>	<b>04</b>	GCC e Técnicos de Saúde	<b>33</b>	Setembro	<b>Mandimba</b>	<b>Aguarda-se a realização da segunda fase que será realizada em Cuamba</b>
<b>Total</b>	<b>72</b>		<b>526</b>			

### ANNEX 3 – DPS Sub agreement financial execution

<b>Orçamento Inicial</b>	<b>Orçamento Aprovado/Revisto</b>	<b>Despesas acumuladas</b>	<b>Saldo</b>	<b>Nível de Execução (%)</b>
<b>1. EQUIPAMENTO-DPS</b>	<b>1,925,112.00</b>	<b>1,671,344.00</b>	<b>253,768.00</b>	<b>87%</b>
<b>2. VIAGENS-DPS</b>	<b>666,000.00</b>	<b>764,927.34</b>	<b>-98,927.34</b>	<b>115%</b>
<b>3. CONSUMIVEIS DO ESCRITÓRIO-DPS</b>	<b>1,455,040.00</b>	<b>1,210,585.27</b>	<b>244,454.73</b>	<b>83%</b>
<b>4. Formação em serviço dos trabalhadores da Saúde-OCDs</b>	<b>7,356,258.00</b>	<b>6,727,308.18</b>	<b>628,949.82</b>	<b>91%</b>
<b>5. Apoio Institucional-OCDs</b>	<b>5,997,996.00</b>	<b>3,833,019.98</b>	<b>2,164,976.02</b>	<b>64%</b>
<b>6. Infraestrutura/Reabilitação- OCDs</b>	<b>1,840,000.00</b>	<b>0.00</b>	<b>1,840,000.00</b>	<b>0%</b>
<b>7. Saúde Pública e Apoio de Reuniões/Encontros-OCDs</b>	<b>549,990.00</b>	<b>468,805.65</b>	<b>81,184.35</b>	<b>85%</b>
<b>8. Gestão e Impressão de Impressos Clinicos-OCDs</b>	<b>3,991,972.00</b>	<b>2,891,044.84</b>	<b>1,100,927.16</b>	<b>72%</b>
<b>9. Bolsas de Mestrado</b>	<b>434,192.00</b>	<b>584,999.84</b>	<b>-150,807.84</b>	<b>135%</b>
<b>10. TOTAL DPS</b>	<b>24,216,560.00</b>	<b>18,152,035.10</b>	<b>6,064,524.90</b>	<b>75%</b>
<b>11. Actividades de apoio directo aos distritos -OCDs</b>	<b>6,823,701.50</b>	<b>4,642,129.22</b>	<b>2,181,572.28</b>	<b>68%</b>
<b>TOTAL GERAL</b>	<b>31,046,560.00</b>	<b>22,794,164.32</b>	<b>8,252,395.68</b>	<b>73%</b>
<b>TOTAL GERAL IN USD</b>	<b>1,070,571.03</b>	<b>786,005.67</b>	<b>284,565.37</b>	<b>73%</b>

ANNEX 4: **CHASS Niassa financial expenditures up to September 2013**

Item	Total estimated Amount (LOP)	Year3 Estimated Budget	Total actual Expenditures Aug01,2010-Sept 30, 2013
Personnel & Consultant	9,451,220.00	1,342,447.00	3,979,277.00
Fringe Benefits	3,365,940.00	460,503.00	1,336,743.00
Travel and Transportation	2,362,795.00	1,003,066.00	1,769,200.00
Equipment	756,820.00	290,460.00	681,722.00
Supplies	63,710.00	12,360.00	46,572.00
Sub recipient and Grants	6,578,875.00	2,114,622.00	3,558,064.00
Other Direct Costs	4,315,357.00	1,298,681.00	4,425,108.00
Sub total Direct Costs	26,894,717.00	6,522,139.00	15,796,686.00
Indirect Costs	5,856,341.00	1,221,329.00	3,876,085.00
<b>Total USD</b>	<b>32,751,058.00</b>	<b>7,743,468.00</b>	<b>19,672,771.00</b>
Cost Share	3,232,265.00	774,347.00	
Grand Total US\$	35,983,323.00	8,517,815.00	19,672,771.00

Per Modification 10: Total  
Obligated 17507090 20,506,844.00

**ANNEX 5: CHASS Niassa (GBV) financial expenditures up to September 2013**

Item	Total estimated Amount (LOP)	Year3 Estimated Budget	Total actual Expenditures Aug01,2010-Sep30, 2013
Personnel & Consultant	28,996.00	28,996.00	27,675.00
Fringe Benefits	7,829.00	7,829.00	5,328.00
Travel and Transportation	30,320.00	30,320.00	17,899.00
Equipment	-	-	-
Supplies	-	-	-
Sub recipient and Grants	-	-	-
Other Direct Costs	73,989.00	73,989.00	37,083.00
Sub total Direct Costs	141,134.00	141,134.00	87,985.00
Indirect Costs	42,199.00	42,199.00	22,770.00
<b>Total USD</b>	<b>183,333.00</b>	<b>183,333.00</b>	<b>110,755.00</b>
Cost Share		-	
<b>Grand Total US\$</b>	<b>183,333.00</b>	<b>183,333.00</b>	<b>110,755.00</b>

Per Modification 10: Total  
Obligated 17507090 20,506,844.00